



Health Advisory Council Request for Presentation and Agenda Items

Topic:

Presenter:

Organization:

Phone:

E-mail:

Duration of Time Requested:

Meeting Date Requested:

Do you want to:

- Make a presentation** **Provide written material**

Short summary of the subject:

Issues related to the subject:

Support and/or action requested of the Council:

Requested By:

Date Submitted:

Please e-mail completed form to: community.engagement@ahs.ca